



Commissioner for Patents  
Washington, DC 20231  
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Bib Data Sheet

CONFIRMATION NO. 9486

SERIAL NUMBER 09/752,502	FILING DATE 12/28/2000 RULE	CLASS 436	GROUP ART UNIT 1743	ATTORNEY DOCKET NO.
<b>APPLICANTS</b> Lisa A. Tam, Lake Forest, CA; James Huntington Dabney, Irvine, CA; Michael H. Burnam, Celaba, CA; Martin J. Patko, Anaheim Hills, CA;				
<b>** CONTINUING DATA *****</b>				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED -- SMALL ENTITY --</b> <b>-- 02/21/2001</b>				
Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 16	TOTAL CLAIMS 52
Verified and Acknowledged Examiner's Signature	Initials	INDEPENDENT CLAIMS 4		
<b>ADDRESS</b> Lisa Tam 26202 Vintage Woods Road Lake Forest ,CA 92630				
<b>TITLE</b> Portable co-oximeter				
FILING FEE RECEIVED 748	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
 UNITED STATES PATENT AND TRADEMARK OFFICE  
 WASHINGTON, D.C. 20231  
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CONFIRMATION NO. 9486

SERIAL NUMBER 09/752,502	FILING DATE 12/28/2000 RULE	CLASS 436	GROUP ART UNIT 1743	ATTORNEY DOCKET NO. 13364
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**APPLICANTS**

Lisa A. Tam, Lake Forest, CA;  
 James Huntington Dabney, Irvine, CA;  
 Michael H. Burnam, Celaba, CA;  
 Martin J. Patko, Anaheim Hills, CA;

**\*\* CONTINUING DATA \*\*\*\*\*****\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE  
GRANTED \*\* 02/21/2001**

**\*\* SMALL ENTITY \*\***

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 16	TOTAL CLAIMS 52	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

**ADDRESS**

23676

**TITLE**

Portable co-oximeter

<b>FILING FEE RECEIVED</b> 748	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit